

10/562383

EXPRESS MAIL NO.: EV790693810US

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Listing

Number of CD disks::

3

Number of copies of CDs::

2

Sequence submission?::

CD

Computer Readable Form (CRF)?::

Yes

Number of copies of CRF::

1

Title ::

METHODS AND NUCLEIC ACIDS FOR  
ANALYSES OF COLORECTAL CELL  
PROLIFERATIVE DISORDERS

Attorney Docket Number::

47675-171

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

Yes

Petition included?::

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

### **First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Cathy  
Middle Name::  
Family Name:: Lofton-Day  
Name Suffix::  
City of Residence:: Brier  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of mailing address:: 23908 35<sup>th</sup> Avenue W.  
City of mailing address:: Brier  
State or Province of mailing address:: WA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 98036

### **Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Fabian  
Middle Name::  
Family Name:: Model  
Name Suffix::

City of Residence::	Seattle
State or Province of Residence::	WA
Country of Residence::	US
Street of mailing address::	734 Broadway Avenue E., Apt. 306
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98102

### **Third Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Andrew
Middle Name::	
Family Name::	Sledziewski
Name Suffix::	
City of Residence::	Shoreline
State or Province of Residence::	WA
Country of Residence::	US
Street of mailing address::	17736 15 <sup>th</sup> Avenue NW
City of mailing address::	Shoreline
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98177

#### **Fourth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Tamas
Middle Name::	
Family Name::	Rujan
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Venetastr. 7
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-13189

#### **Fifth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Jörn
Middle Name::	
Family Name::	Lewin
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	

Country of Residence::	Germany
Street of mailing address::	Lützowufer 24
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-10787

### **Sixth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Jürgen
Middle Name::	
Family Name::	Distler
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	Germany
Street of mailing address::	Hewaldstr. 2
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	D-10825

## Correspondence Information

Correspondence Customer Number:: **22504**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

## Representative Information

Representative Customer Number::		<b>22504</b>
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/020336	06/23/04
PCT/US2004/020336	Non provisional of	10/603,138	06/23/03
PCT/US2004/020336	Non provisional of	10/602,494	06/23/03
PCT/US2004/020336	Non provisional of	10/679,062	10/03/03

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Europe	04090072.2	02/27/04	Yes
Europe	04090175.3	05/06/04	Yes

## Assignee Information

Assignee name::	Epigenomics AG
Street of mailing address::	Kleine Präsidentenstr. 1
City of mailing address::	Berlin
State or Province of mailing address::	
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	10178